

Community Alternatives to Psychiatric Residential Treatment Facilities Demonstration Grant Abstract

South Carolina

Currently in South Carolina, there are seven separate agencies that provide and/or purchase services for youth with emotional/behavioral disorders. Each agency stands alone and the funds used to purchase and/or provide services are controlled by each agency. To date, there has been limited pooling or braiding of funds to support the services needed by youth with emotional / behavioral disorders. This inhibits coordinated planning and budget requests. It is not uncommon for children and families to fall through the cracks between agencies and to become frustrated with service delivery failure. Despite state agency efforts, there is a wide variation in the cultural competence of the service delivery systems across the state. Predominantly, the systems tend to be inflexible in terms of services offered, responsiveness to individual needs, and cultural competence.

While recognizing the status quo, South Carolina has not accepted it – the state has for years attempted to blend services from all agencies serving children, develop specialized services for youth in transition to becoming adults, develop innovative ways of serving the very young, and expand best, promising, and evidenced based practices. These projects have been community based, and efforts to disseminate the systems of care philosophy statewide have not yet been successful. However, given the ability of Medicaid to cut across the many different systems and the decision to focus this demonstration statewide, we believe that this initiative can build on the local successes and provide the infrastructure needed to integrate Systems of Care values and principles throughout our state.

The goal of this program is to allow youths and families to choose the behavioral health services and supports they prefer to permit the youths to remain in, or return to, the least restrictive environment – preferably their home. To accomplish this goal, the state will use a nine month implementation planning process to design and implement a 1915(c) home and community based waiver to provide Medicaid coverage for the comprehensive, individualized services for youth who would otherwise be institutionalized in a PRTF. Analysis of existing financial data shows that such a waiver not only will better serve these Medicaid youths and families, but will save Medicaid funds in the process.

Youth from the target population, their families and advocates have been involved in the design and development of this proposal and will continue to participate in the planning and implementation of the demonstration. The moral authority with which these participants speak is essential to help to cut through issues related to turf, bureaucracy, and self-interest. So their continued involvement will be important for the success of the demonstration.

By the end of the demonstration, we intend that youth and their families will have the freedom to 1) develop their treatment plans, 2) choose their services and service providers, and 3) provide feedback on functional outcomes and consumer satisfaction. Participation in such a system not only empowers members of subcultures, it provides on the job training to employees about cultural differences.